

Date: ___ / ___ / _____

Time : _____ am / pm

CLERKING SHEET FOR SUSPECTED DENGUE CASES

Patient's demographic data:

(please paste patient's admission sticker here)

History: (please **circle and tick (✓)** as appropriate)

1. Are you from a dengue prone area/recent fogging?	Yes / No
2. Anyone with recent history of fever in your house?	Yes / No
3. Previous history of dengue illness?	Yes / No
4. How many days of fever? _____ days	
5. Any concurrent:	
• bodyache?	Yes / No
• headache?	Yes / No
• retroorbital pain?	Yes / No
• rash?	Yes / No

Clinical Manifestations:

ALERT SIGNS present?	
• Vomiting? <input type="checkbox"/> Yes (no. of times _____/day, for _____ days) <input type="checkbox"/> No	
• Diarrhoea? <input type="checkbox"/> Yes (no. of times _____/day, for _____ days) <input type="checkbox"/> No	
• Abdominal pain? <input type="checkbox"/> Yes (for _____ days) <input type="checkbox"/> No	
• Bleeding/Bruising? <input type="checkbox"/> Yes (please specify site _____) <input type="checkbox"/> No	
• Plasma leakage? <input type="checkbox"/> Yes (<input type="checkbox"/> ascites <input type="checkbox"/> pleural effusion) <input type="checkbox"/> No	
Resp Rate*(per min): * > 24 / < 24	HCT/PCV : _____ %
Pulse Rate : _____ bpm	*(female: >40%, male: >45%)
Bld Pressure - SBP : _____ mmHg	Hb : _____ g/dL
- DBP : _____ mmHg	Platelet : _____ X10 ⁹ /L
Pulse pressure (PP) : _____ mmHg (PP = SBP-DBP)	WCC : _____ X10 ⁹ /L
* PP ≤ 20 mmHg is an ALERT SIGN	Dengue serology (date taken): _____
Temperature : _____ °C Weight : _____ kg	♦ Ig M + / - ♦ NS1 Ag + / - ♦ Ig G (high titre) + / -

Name of doctor, signature and official stamp: _____

*** These are ALERT SIGNS and needs IMMEDIATE resus. PLEASE seek senior consult.**